



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## OSWEGO YMCA VOLUNTEER APPLICATION

\_\_\_\_\_  
LAST NAME FIRST NAME DATE

\_\_\_\_\_  
HOME PHONE WORK PHONE CELL PHONE

\_\_\_\_\_  
ADDRESS EMAIL

HEALTH: GOOD \_\_\_ FAIR \_\_\_ POOR \_\_\_ Are you 18 or older? \_\_\_ Yes \_\_\_ No

IF YOU CHECKED FAIR OR POOR, PLEASE EXPLAIN:

### PLEASE CHECK AREAS THAT YOU ARE INTERESTED IN:

#### ADULT FITNESS:

- \_\_\_ GROUP EXERCISE INSTRUCTOR
- \_\_\_ FITNESS CENTER TRAINER/ MONITOR
- \_\_\_ AQUATIC EXERCISE / SWIMMING INSTRUCTOR
- \_\_\_ SPECIAL EVENTS
- \_\_\_ ACTIVE OLDER ADULTS
- \_\_\_ OTHER

#### CLERICAL:

- \_\_\_ COMPUTER WORK
- \_\_\_ WELCOME CENTER STAFF
- \_\_\_ OTHER

#### YOUTH PROGRAMS:

- \_\_\_ CHILDWATCH
- \_\_\_ CAMP ONTARIO/CAYUGA
- \_\_\_ SACC / SCHOOL'S OUT
- \_\_\_ YOUTH SPORTS
- \_\_\_ ENRICHMENT PROGRAM
- \_\_\_ SWIMMING LESSONS
- \_\_\_ SYNCHRONIZED SWIM TEAM
- \_\_\_ FAMILY PROGRAMMING
- \_\_\_ OTHER

#### MISCELLANEOUS:

- \_\_\_ MAINTENANCE
- \_\_\_ ARTWORK
- \_\_\_ CRAFTS
- \_\_\_ OTHER

#### **For Office Use Only**

DATE RECEIVED: DATE ROUTED: PROGRAM:  
INITIALS: INITIALS: DATE HIRED:  
OUTCOME:

**PLEASE TELL US WHAT DAYS AND TIMES YOU ARE AVAILABLE:**

SUN: \_\_\_\_\_ MON: \_\_\_\_\_ TUE: \_\_\_\_\_ WED: \_\_\_\_\_  
THU: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_

**LIST ANY CERTIFICATIONS AND / OR QUALIFICATIONS WHICH YOU CURRENTLY HOLD:**

\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY HOBBIES OR SPECIAL INTERESTS:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST 3 REFERENCES, OTHER THAN FAMILY MEMBERS:**

NAME/RELATIONSHIP _____	PHONE _____
NAME/RELATIONSHIP _____	PHONE _____
NAME/RELATIONSHIP _____	PHONE _____

**HAVE YOU HAD ANY PAST CRIMINAL CONVICTIONS?** (Please Circle) YES NO

IF YES, PLEASE GIVE DETAILS:

\_\_\_\_\_

**ARE YOU CURRENTLY ENROLLED IN A YMCA PROGRAM?** (Please Circle) YES NO

IF SO, WHICH ONE: \_\_\_\_\_

**ARE YOU A YMCA MEMBER?** (Please Circle) YES NO

IF SO, WHAT IS YOUR RENEWAL DATE? \_\_\_\_\_

**EXPLAIN BRIEFLY WHY YOU WOULD LIKE TO BECOME A YMCA VOLUNTEER:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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